



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

www.xerox.com/govhealthcare

May 17, 2016

Subject: Adjustment of LTC Claims Due to Retroactive Rate Updates

Dear Provider:

The Department of Health Care Services has updated Long Term Care (LTC) reimbursement rates for Intermediate Care Facility for the Developmentally Disabled (ICF/DD), Intermediate Care Facility for the Developmentally Disabled/Habilitative (ICF/DD-H), and Intermediate Care Facility for the Developmentally Disabled/Nursing (ICF/DD-N) providers. These adjustments are effective retroactively for dates of service on or after August 1, 2014.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) is adjusting affected claims. Adjustments began appearing on *Remittance Advice Details* (RAD) forms beginning April 21, 2016, with RAD code **0829: LTC retro rate adjustment**.

If you disagree with any of these adjustments, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal website (www.medi-cal.ca.gov). For *Appeal Form* completion instructions please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions regarding these adjustments, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS
Xerox State Healthcare, LLC

Reference Number: P29165C